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Fill in this information to identify	your case:
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Tony<u>a</u> government-issued picture First Name First Name identification (for example, your driver's license or Middle Name Middle Name passport). Guido Last Name Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of xxx - xx - <u>7</u> <u>6</u> <u>4</u> <u>7</u> xxx - xx your Social Security number or federal OR OR Individual Taxpayer Identification number 9xx - xx -9xx - xx -(ITIN) Any business names I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name

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Deb	_	onya rst Name	Middle Nar		Guido Last Name		Case nu	umber (if known)	
	- "			ut Debtor 1			Abo	out Debtor 2 (Spouse Only in a Joint Case):	
			EIN				EIN		
			EIN				EIN		
5.	Where yo	u live					If D	Debtor 2 lives at a different address:	
				75 N Popla	ar St				
			Num	ber Street			Num	mber Street	
			Ant City	ioch	IL State	60002 ZIP Code	— City	State ZIP Code	
			Lak	A	State	ZIP Code	City	State ZIP Code	
			Cour				Cou	unty	
			If yo	our mailing a	address is di	fferent from	If D	Debtor 2's mailing address is different	
			the one above, fill it in here. Note that the court will send any notices to you at this mailing address.				from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
			423	75 N Popla	ar St				
			Num				Num	mber Street	
			P.O.	Box			_ <u> </u>). Box	
				ioch	IL	60002	1.0		
			City		State	ZIP Code	City	State ZIP Code	
6.		are choosing	Che	ck one:			Che	eck one:	
	bankrupto		\square	petition, I ha		efore filing this nis district longer		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	
					her reason. E S.C. § 1408.)	Explain.		I have another reason. Explain. (See 28 U.S.C. § 1408.)	
P	art 2:	Tell the Cour	t About Y	our Bank	ruptcy Cas	se			
7.		cy Code you						equired by 11 U.S.C. § 342(b) for Individuals Filing and check the appropriate box.	
	are choos under	sing to file	v c	Chapter 7					
				Chapter 11					
				Chapter 12					
				·					
				Chapter 13					

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Deb	otor 1 Tonya		Guido	Case numb	Case number (if known)			
	First Name	Middle Name Last Name						
8.	How you will pay the fee	cou	Il pay the entire fee when I file my p rt for more details about how you may with cash, cashier's check, or money alf, your attorney may pay with a cred	pay. Typically, order. If your a	, if you are pay attorney is subn	ing the fee yourself, you may nitting your payment on your		
			ed to pay the fee in installments. If viduals to Pay Your Filing Fee in Insta	•		and attach the Application for		
		By lathar fee	quest that my fee be waived (You maw, a judge may, but is not required to 150% of the official poverty line that in installments). If you choose this op general Form 103B) a	o, waive your fe applies to your otion, you must	e, and may do family size and fill out the Appl	so only if your income is less d you are unable to pay the		
9.	Have you filed for	⋈ No						
	bankruptcy within the last 8 years?	☐ Yes						
	,	District		When _		Case number		
		Diatriat						
		District _		When _ M	IM / DD / YYYY	Case number	_	
		District _		When _	IM / DD / YYYY	Case number	_	
10.	Are any bankruptcy	☑ No						
	cases pending or being filed by a spouse who is	☐ Yes						
	not filing this case with you, or by a business	Debtor			Relationsh	ip to you		
	partner, or by an affiliate?	District _		When		Case number,		
	annate:			M	IM / DD / YYYY	IT KNOWN		
		Debtor			Relationsh	ip to you		
		District		When		Case number,		
11.	Do you rent your residence?	✓ No. ☐ Yes	Go to line 12. Has your landlord obtained an evic residence? No. Go to line 12. Yes. Fill out Initial Statement and file it with this bankruptcy	ction judgment a		d do you want to stay in your		

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Deb	tor 1	Tonya First Name	Middle N		Guido Last Name	Case number (if known)
Pa	art 3:	•			sses You Own as a	a Sole Proprietor
	Are you	u a sole proprietor full- or part-time	<u> </u>	No.	Go to Part 4. Name and location of b	
	busines individu separat	oroprietorship is a s you operate as an al, and is not a e legal entity such as ration, partnership, or			Name of business, if any Number Street	
	sole pro	ave more than one oprietorship, use a e sheet and attach it etition.			Health Care Busi Single Asset Rea Stockbroker (as c	State ZIP Code a box to describe your business: ness (as defined in 11 U.S.C. § 101(27A)) al Estate (as defined in 11 U.S.C. § 101(51B)) defined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101(6))
Chapt Banki are yo	Chapte Bankru are you	u filing under r 11 of the ptcy Code and a s <i>mall busin</i> ess	can mos	set ap t rece	opropriate deadlines. If you	the court must know whether you are a small business debtor so that it you indicate that you are a small business debtor, you must attach your ment of operations, cash-flow statement, and federal income tax return of exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
	debtor?	efinition of small		No.	I am not filing under C I am filing under Chap the Bankruptcy Code.	hapter 11. ter 11, but I am NOT a small business debtor according to the definition in
		s debtor, see C. § 101(51D).		Yes.		ter 11 and I am a small business debtor according to the definition in the
Pa	art 4:	Report If You C)wn or	Hav	e Any Hazardous I	Property or Any Property That Needs Immediate Attention
14.	propert alleged immine	own or have any y that poses or is to pose a threat of nt and identifiable		No Yes.	What is the hazard?	
	safety?	to public health or Or do you own perty that needs ate attention?			If immediate attention	is needed, why is it needed?
	perisha livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	? Number Street
						City State ZIP Code

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Debtor 1 Tonya Guido Case number (if known) ______

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

 Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I

counseling agency within the 180 days before filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about
credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Tonya First Name		Guido Middle Name Last Name			Case number	er (if know	m)		
P	art 6:	Answer These	Questi	ons fo	r Reporting I	urpos	ses		
16.	What k have?	ind of debts do you	16a.	as "ind	•	vidual pr b.	sumer debts? Consumerimarily for a personal, far		are defined in 11 U.S.C. § 101(8) susehold purpose."
			16b.	money	-	or invest c.			e debts that you incurred to obtain the business or investment.
			16c.	State	the type of debts	you owe	e that are not consumer o	r busines	s debts.
17.	Are yo	u filing under er 7?		No. I	am not filing und	ler Chap	oter 7. Go to line 18.		
		u estimate that after empt property is	$ \overline{\mathbf{A}} $	Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?			<u> </u>	☑ No □ Yes				
18.		nany creditors do timate that you		1-49 50-99 100-199 200-999			1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		nuch do you te your assets to tth?		\$100,00	000 I-\$100,000 01-\$500,000 01-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 millio \$100,000,001-\$500 millio	n 🗀	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		nuch do you te your liabilities to		\$100,00	000 1-\$100,000 01-\$500,000 01-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 millio \$100,000,001-\$500 millio	n 🗀	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
P	art 7:	Sign Below							
For	you			e exami correct.	ined this petition,	and I de	eclare under penalty of pe	erjury that	the information provided is true
			or 13	of title			•		if eligible, under Chapter 7, 11, 12, nder each chapter, and I choose to
				-	•		I not pay or agree to pay s I and read the notice requ		who is not an attorney to help me I U.S.C. § 342(b).
			I requ	uest relie	ef in accordance	with the	chapter of title 11, United	d States (Code, specified in this petition.
			conn	ection w	-	case ca	in result in fines up to \$25		money or property by fraud in imprisonment for up to 20 years,
			_		a Guido		X		(2.1/
				•	uido, Debtor 1				f Debtor 2
			E	xecuted	on 05/20/2016 MM / DD / Y		Ex	ecuted o	n MM / DD / YYYY

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Debtor 1	Tonya		Guido	Case number (if know	vn)			
	First Name	Middle Name	Last Name					
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		eligibility to prelief available the debtor(s)	eligibility to proceed under Chapter 7, 11, 12, relief available under each chapter for which t the debtor(s) the notice required by 11 U.S.C. certify that I have no knowledge after an inqui		petition, declare that I have informed the debtor(s) about or 13 of title 11, United States Code, and have explained the the person is eligible. I also certify that I have delivered to § 342(b) and, in a case in which § 707(b)(4)(D) applies, ry that the information in the schedules filed with the petition			
			rt J. Adams & Associa of Attorney for Debtor	ntes Date	e			
		Robert J	. Adams & Associates	S				
		Printed na						
		Robert J Firm Nam	. Adams & Associates	3				
			ackson, Suite 202					
		Number	Street					
		Chicago		<u>IL</u>	60603			
		City		State	ZIP Code			
		Contact pl	hone (312) 346-0100	Email address bank	ruptcy713@yahoo.com			
		0013056						
		Bar numb	er	State	_			

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Ŀ	ill in this	information to i	dentify your case	and this filing:		
D	ebtor 1	Tonya		Guido		
		First Name	Middle Name	Last Name		
	ebtor 2 Spouse, if fili	ng) First Name	Middle Name	Last Name		
<u>ا</u> ا	Inited States	Bankruptov Court fo	r the: NORTHERN D	ISTRICT OF ILLINOIS		
		Bankrupicy Court to	rule. NORTHERN DI	IOTRICT OF ILLINOIS		
	ase number f known)				_	if this is an led filing
]	9
Oi	fficial Fo	rm 106A/B				
So	chedule	A/B: Propert	V			12/15
the fili she	e asset in the ng together, eet to this fo	e category where you both are equally re orm. On the top of a	ou think it fits best. Be esponsible for supplyin any additional pages, v	st an asset only once. If an a e as complete and accurate a ng correct information. If mo write your name and case nu ng, Land, or Other Real I	s possible. If two married po re space is needed, attach a mber (if known). Answer eve	eople are separate ery question.
	art I.	Describe Each r	tesiderice, Buildin	ig, Land, or Other Real i	-state fou Own of Have	an interest in
1.	▼ No. 0	Go to Part 2.	·	in any residence, building, la	nd, or similar property?	
_	_	Where is the proper				
2.				of your entries from Part 1, in ite that number here		\$0.00
Ŀ	art 2:	Describe Your V	'ehicles			
	•		•	any vehicles, whether they a also report it on Schedule G: Ex	•	•
3.	Cars, vans	s, trucks, tractors, s	sport utility vehicles, n	notorcycles		
	✓ No ☐ Yes					
4.		•	•	recreational vehicles, other v t, fishing vessels, snowmobiles	•	
	✓ No ☐ Yes					
5.		-	•	of your entries from Part 2, in ite that number here	- -	\$0.00
Ŀ	art 3:	Describe Your P	Personal and Hous	sehold Items		
Do	you own or	have any legal or e	equitable interest in ar	ny of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Examples:	d goods and furnisl Major appliances, f	h ings urniture, linens, china, l	kitchenware		
	□ No ☑ Yes. [ed furniture, dinning end tables, bedroor	ı room table, sectional, TV m furniture	Stand, Ottoman, Leather	\$1,000.00

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Deb	tor 1	Гопуа	Case number (if known)	
	F	irst Name	Middle Name Last Name	
7.	Electron	ire		
••		s: Television	ns and radios; audio, video, stereo, and digital equipment; computers, printers, scanners;	
		music con	lections; electronic devices including cell phones, cameras, media players, games	
	☐ No			
	Yes.	Describe	All large appliances came with the house, small appliances, vacuum, 2012	\$500.00
	_		lab top, lamps, debtor borrows a TV.	
_				
8.		les of value		
	Example	•	and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; in, or baseball card collections; other collections, memorabilia, collectibles	
	□ No			
	_	Describe	Waterford Glass set of 4	\$200.00
•	Equipme	nt for anort	a and habbina	
9.		-	s and hobbies	
	Example		notographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis;	
		canoes ar	nd kayaks; carpentry tools; musical instruments	
	№ No			
		Dogoribo		
	L Tes.	Describe		
10	Firearms			
10.			Non chatauna ammunitian and related aquinment	
	•	S. Pistois, fil	fles, shotguns, ammunition, and related equipment	
	☑ No			
		Describe		
	ш			
11.	Clothes			
	Example.	s. Everyday	clothes, furs, leather coats, designer wear, shoes, accessories	
	•	o,ua,	ordinos, taro, roalitor oballo, aborginor modil, orrobo, abordinos	
	☐ No			
	✓ Yes.	Describe	Regular clothing	\$200.00
	_			
12.	Jewelry			
	Example	s: Everyday	jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems	3,
		gold, silve	er	
		•		
	☐ No			
	✓ Yes.	Describe	Misc jewelry and one Pandora bracelet	\$400.00
13.	Non-farn	n animals		
	Example	s: Dogs, cat	s, birds, horses	
	☑ No			
	=	Dogoribo		
	Yes.	Describe	•	
14	Any othe	r norsonal s	and household items you did not already list, including any health aids you	
17.	did not li	-	and nousehold items you did not already list, including any health alds you	
	uiu iiot ii	31		
	☑ No			
	☐ Yes.	Give specifi	ic	
	_	mation		
15.	Add the	dollar value	of all of your entries from Part 3, including any entries for pages you have	
			Write the number here	\$2,300.00
D	nt 4.	Doogribo	Your Financial Assets	
Г	art 4:	Describe	TOUT FINANCIAL ASSELS	
				Current value of the
Do y	ou own o	or have any	legal or equitable interest in any of the following?	
				portion you own?
				Do not deduct secured
				claims or exemptions.
16	Cash			
10.		o. Monavi	u hovo in vour wollet in vour home, in a cofe denseit here and an hand when very file very	
	⊏xampie		u have in your wallet, in your home, in a safe deposit box, and on hand when you file your	
		petition		
	□ No			
	_			\$10.00
	▼ 165		Uasii	\$10.00

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Debt	tor 1	Tonya			Guido		Case number (if known)		
		First Name	Middle Na	me	Last Name)	· ,		
-		Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.							
	=	No							
		Yes		Institution	name:				
		17.1. Checking	account:	Checking	g account,	JP Morgan Chase			\$500.00
		17.2. Checking			-	JP Morgan Chase in checks to her o	e \$700 in the back however laycare provider		\$0.00
18.		ds, mutual funds, mples: Bond funds				firms, money market	accounts		
		No Yes	Institution	or issuer r	name:				
19.		-publicly traded s nterest in an LLC,			-	and unincorporated l	ousinesses, including		
		No Yes. Give specific information about them		antity:			% of ownership:		
20.	Gov Neg	ernment and corp	oorate bonds ar s include person	nd other n al checks,	cashiers' ch	nd non-negotiable in necks, promissory not someone by signing	nstruments les, and money orders.		
		No Yes. Give specific information about them		ne:					
21.		rement or pension mples: Interests in profit-sharin	IRA, ERISA, K	eogh, 401(k), 403(b), tl	hrift savings accounts	s, or other pension or		
	$\overline{\mathbf{Q}}$	No Yes. List each account separately	•		Institution				
			Retirement	account:	Retireme	ent account IMRF			Unknown
22.	Youi Exai com	mples: Agreement panies, or others	ed deposits you				ee or use from a company water), telecommunications		
		No Yes		ln.	ctitution nan	ne or individual:			
23.	_						ife or for a number of years)		
	$ \sqrt{} $, ,		
24.	Inte		tion IRA, in an a	account in		ABLE program, or	under a qualified state tuition	program.	
	-	No Yes	Institution	name and	description	Separately file the r	ecords of any interests. 11 U.S	.C. § 521(c)	
25.	Trus	sts, equitable or fu	uture interests				line 1), and rights or	5 02 (0)	
	•	rers exercisable fo No	or your benefit						
		Yes. Give specific information about t							

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Deb	otor 1 Tonya First Name	Middle Name	Guido Last Name	Case number (if known)		
26.	Patents, copyrights, trad Examples: Internet domai					
	No Yes. Give specific information about ther	m				
27.	Licenses, franchises, an Examples: Building permi ✓ No ☐ Yes. Give specific information about ther	its, exclusive license	_	on holdings, liquor licenses, professio	onal licens	ses
Mon	ney or property owed to yo					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you	J				
	No✓ Yes. Give specific inf about them, including			00, received March 22, 2016.	Federal	\$0.00
	you already filed the re	eturns \$500 in		o rent which was behind, itilies, and the remainder is in	State:	\$0.00
	and the tax years	····· the che	cking acount listed o	n line 17. Amt: \$0.00	Local:	\$0.00
29.	Family support Examples: Past due or lur	mp sum alimony, sr	ousal support, child supr	oort, maintenance, divorce settlement	property	/ settlement
	▼ No			, , , , , , , , , , , , , , , , , , , ,	, [
	Yes. Give specific inf	ormation		Alimony:		\$0.00
				Maintenan	ce:	\$0.00
				Support:		\$0.00
				Divorce se	ttlement:	
				Property s	ettlement	\$0.00
30.		, disability insurance	e payments, disability ber nefits; unpaid loans you r	nefits, sick pay, vacation pay, workers nade to someone else	s'	
	✓ No☐ Yes. Give specific inf	ormation				
31.	Interests in insurance po Examples: Health, disabil		; health savings account	(HSA); credit, homeowner's, or renter	's insura	nce
	No ☐ Yes. Name the insura company of each polic and list its value	су	ame:	Beneficiary:	Su	rrender or refund value:
32.	Any interest in property of the second secon	of a living trust, expe	ect proceeds from a life in	ed nsurance policy, or are currently		
	✓ No☐ Yes. Give specific inf	ormation				
33.	Claims against third part Examples: Accidents, em		•	it or made a demand for payment is to sue		
	✓ No✓ Yes. Describe each c	aim				
34.	rights to set off claims	liquidated claims o	of every nature, includin	g counterclaims of the debtor and		
	✓ No Yes. Describe each c	claim				

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Deb	tor 1	Tonya First Name	Guic Middle Name Last N		Case number (if known)	
35.	Any fi		you did not already list	tamo		
	✓ No)				
	☐ Ye	es. Give specific	information			
36.			of all of your entries from Part 4, Write that number here		_	\$510.00
Pa	art 5:	Describe Ar	y Business-Related Prope	erty You Own or Hav	e an Interest In. List any	real estate in Part 1.
37.	Do yo	u own or have a	ny legal or equitable interest in	any business-related pro	operty?	
		o. Go to Part 6. es. Go to line 38				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accou	ints receivable o	or commissions you already ear	ned		
	✓ No	es. Describe				
39.		oles: Business-re	nishings, and supplies elated computers, software, moder rs, electronic devices	ms, printers, copiers, fax r	nachines, rugs, telephones,	
	✓ No	es. Describe				
40.	Machi	nery, fixtures, e	quipment, supplies you use in b	usiness, and tools of yo	ur trade	
	✓ No	es. Describe				
41.	Invent	ory				
	✓ No	es. Describe				
42.	Interes	sts in partnersh	ips or joint ventures			
	✓ No	es. Describe	Name of entity:		% of ownership:	
43.	Custo	mer lists, mailin	g lists, or other compilations			
	✓ No	es. Do your lists	s include personally identifiable	information (as defined i	in 11 U.S.C. § 101(41A))?	
44.	Any b	usiness-related	property you did not already list	t		
	☑ No	o es. Give specific	information.			
45.			of all of your entries from Part 5, Vrite that number here		_	\$0.00
Pa	art 6:		ny Farm- and Commercial l have an interest in farmland		perty You Own or Have a	n Interest In.
46.	Do yo	u own or have a	ny legal or equitable interest in	any farm- or commercia	I fishing-related property?	
		o. Go to Part 7. es. Go to line 47				

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Deb	tor 1	Tonya		Guido	Case number (if known)	
		First Name	Middle Name	Last Name		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a		oultry, farm-raised fish			·
	✓ No	S				
48.	Crops-	-either growing	or harvested			
		s. Give specific				
49.	Farm a	and fishing equip	ment, implements, n	nachinery, fixtures, and	tools of trade	
	✓ No □ Ye	S				
50.	Farm a	and fishing suppl	ies, chemicals, and	eed		
	✓ No □ Ye	S				
51.	Any fa	rm- and commer	cial fishing-related p	roperty you did not alrea	ady list	
	_	s. Give specific ormation				
52.				om Part 6, including any	entries for pages you have	\$0.00
Pa	art 7:	Describe All	Property You Ow	n or Have an Intere	st in That You Did Not List Above	
53.	•		perty of any kind you tts, country club meml	did not already list? pership		
	✓ No □ Ye	s. Give specific in	nformation.			
54.	Add th	e dollar value of	all of your entries from	om Part 7. Write that nu	mber here	\$0.00

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Debt	tor 1	Tonya		Guido	Case nu	umber (if known)		
		First Name	Middle Name	Last Name				_
Pa	art 8:	List the Totals	s of Each Part of	this Form				
55.	Part 1:	Total real estate,	line 2				>	\$0.00
56.	Part 2:	Total vehicles, li	ne 5		\$0.00			
57.	Part 3:	Total personal a	nd household items,	line 15	\$2,300.00			
58.	Part 4:	Total financial as	ssets, line 36		\$510.00			
59.	Part 5:	Total business-re	elated property, line	45	\$0.00			
60.	Part 6:	Total farm- and f	ishing-related prope	rty, line 52	\$0.00			
61.	Part 7:	Total other propo	erty not listed, line 54	1	+ \$0.00			
62.	Total p	personal property	. Add lines 56 throug	gh 61	\$2,810.00	Copy personal property total	+	\$2,810.00
63.	Total c	of all property on	Schedule A/B. Add	I line 55 + line 62				\$2,810.00

Case	16-17036	Doc 1	Filed 05/20/16 Document	6 Entere Page 15	d 05/20/16 5 of 56	11:38:28	Desc Main
Fill in this info	ormation to ide	ntify your	ease:				
Debtor 1	Tonya First Name	Middle Name	Guido Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	e Last Name				
United States Bar	nkruptcy Court for th	ne: NORTHE I	RN DISTRICT OF I	LINOIS		☐ Check if th	nis is an
Case number (if known)						amended f	
Official Form	106C						
Schedule C:	The Proper	tv You Cl	aim as Exemp	t			04/16
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on <i>Schedule A/B: Property</i> (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of <i>Part 2: Additional Page</i> as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptionssuch as those for health aids, rights to receive certain benefits, and tax-exempt retirement fundsmay be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt							
✓ You are o	exemptions are your laining state and for the state and for the state and for the state are stated as a state are stated as a state are stated as a st	ederal nonbanl	Check one only, 6 kruptcy exemptions. J.S.C. § 522(b)(2)			ou.	
2. For any prope	erty you list on Sc	hedule A/B th	at you claim as exen	pt, fill in the in	formation below	·.	
Brief description of Schedule A/B that			Current value of the portion you own	Amount of the exemption you		ecific laws that a	llow exemption
			Copy the value from	Check only one	e box for		

Schedule A/B each exemption Brief description: \$1,000.00 $\sqrt{}$ \$1,000.00 735 ILCS 5/12-1001(b) All used furniture, dinning room table, 100% of fair market sectional, TV Stand, Ottoman, Leather value, up to any applicable statutory Chair, end tables, bedroom furniture limit Line from Schedule A/B: 6 Brief description: \$500.00 \$500.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ All large appliances came with the house, 100% of fair market small appliances, vacuum, 2012 lab top, value, up to any lamps, debtor borrows a TV. applicable statutory limit Line from Schedule A/B: 7 Brief description: \$200.00 \$200.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ Waterford Glass set of 4 100% of fair market value, up to any Line from Schedule A/B: 8 applicable statutory Are you claiming a homestead exemption of more than \$160,375?

o. Are you diaming a noncestead exemption of more than \$100,070.

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☑ No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

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Debtor 1	Tonya First Name	Middle Name	Guido Last Name	Case number (if known)		(if known)
Part 2:	Additional Pa	ıge				
	cription of the proper A/B that lists this pro	•	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief descr Regular o	•		\$200.00		\$200.00 100% of fair market	735 ILCS 5/12-1001(a), (e)
Line from S	Schedule A/B: 11				value, up to any applicable statutory limit	
Brief descr	ription: relry and one Pando	ora bracelet	\$400.00	. ☑ □	\$400.00 100% of fair market	735 ILCS 5/12-1001(b)
Line from S	Schedule A/B: 12	_			value, up to any applicable statutory limit	
Brief descr	ription:		\$10.00		\$10.00 100% of fair market	735 ILCS 5/12-1001(b)
Line from S	Schedule A/B: 16	_			value, up to any applicable statutory limit	
Brief descr	ription: g account, JP Morg	ran Chasa	\$500.00	Ø	\$500.00 100% of fair market	735 ILCS 5/12-1001(b)
_	Schedule A/B: 17.1	•			value, up to any applicable statutory limit	
in the bac checks to	ription: g account, JP Morg ck however Debtor o her daycare prov Schedule A/B: 17.2	r wrote \$700 in vider	\$0.00		\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

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Fill in this info	ormation to iden	tify your case:				
Debtor 1	Tonya		Guido			
	First Name	Middle Name	Last Name			
Debtor 2	-					
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the	: NORTHERN DIS	TRICT OF ILLINOIS	<u> </u>		
Case number					Chapte if this is	
(if known)					Check if this is amended filing	
Official Form	106D					
				_		
Schedule D:	Creditors Wi	no Have Clain	ns Secured by	Property		12/15
•	•			· ·	y responsible for sup	. , .
	•		dditional Page, fill it o case number (if know	•	es, and attach it to this	s form.
on the top of any	additional pages, wi	ne your name and c	zase number (ii know			
1. Do any credit	ors have claims sec	ured by your prope	rty?			
✓ No. Che	ck this box and subm	it this form to the cou	ırt with your other sche	dules. You have noth	ing else to report on thi	is form.
Yes. Fill	in all of the information	on below.				
Part 1: Lis	t All Secured Cla	aims				
	., 00000001					
	ed claims. If a credit					
	creditor separately for particular claim, list the			Column A Amount of claim	Column B Value of collateral	Column C Unsecured
	ible, list the claims in			Do not deduct the	that supports this	portion

creditor's name.

value of collateral

claim

If any

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

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Fill in this inf	ormation to iden						
Debtor 1	Tonya		Guido				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Ba	United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS						
Case number					Check if this is an		
(if known)] "	amended filing		

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1:	List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?
 - No. Go to Part 2.

☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

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Debtor 1	Tonya		Guido	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	List All of	Your NONPRIORIT	Y Unsecured Clai	ms	
3. Do any	creditors have	e nonpriority unsecured	claims against you?		
□ N	o. You have no	thing to report in this part.	Submit this form to th	ne court with you other schedules.	
☑ Ye	es				
If a cre type of	ditor has more t claim it is. Do	than one nonpriority unsection one list claims already incl	cured claim, list the cre uded in Part 1. If more	der of the creditor who holds each claim. editor separately for each claim. For each claim listed, ide than one creditor holds a particular claim, list the other out the Continuation Page of Part 2.	•
					Total claim
4.1					\$1,700.00
ATT			_ Last 4 digits of acc	ount number	
Nonpriority Cr			When was the debt	incurred?	
Number	Street			file, the claim is: Check all that apply.	
			_ ☐ Contingent ☐ Unliquidated		
AUDODA		U COEO4	Disputed		
AURORA City		IL 60504 State ZIP Code	Type of NONPRIOR	RITY unsecured claim:	
	ed the debt?	Check one.	Student loans	unocourou ciamii	
☑ Debtor	•			ing out of a separation agreement or divorce	
ш	1 and Debtor 2	only	•	report as priority claims n or profit-sharing plans, and other similar debts	
At least	one of the debt	ors and another	Other. Specify	Tor profit sharing plans, and other similar debts	
_		for a community debt	UTILITY		
	subject to offs	set?			
☑ No □ Yes					
4.2					\$3,600.00
Bill and SI Nonpriority Cr	hirley Harder		_ Last 4 digits of acc	<u> </u>	
8220 Cam			When was the debt		
Number	Street			file, the claim is: Check all that apply.	
			_ ☐ Contingent ☐ Unliquidated		
Denver		NC 28037	Disputed		
City		State ZIP Code	Type of NONPRIOR	RITY unsecured claim:	
	ed the debt?	Check one.	Student loans		
☑ Debtor	•			ing out of a separation agreement or divorce	
Debtor	1 and Debtor 2	-	•	report as priority claims n or profit-sharing plans, and other similar debts	
ш.		ors and another	Other. Specify	The process of the second seco	
_		for a community debt	Landlord		
—	subject to offs	set?			
✓ No Yes					

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Debtor 1 I onya	Case number (if known)	
First Name Middle Name	Last Name	
Part 2: Your NONPRIORITY Unse	cured Claims Continuation Page	
After listing any entries on this page number	thom cognontially from the	
After listing any entries on this page, number previous page.	them sequentially from the	Total claim
previous page.		
4.3		\$400.00
Capital One	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
P.O Box 30285 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Solt Lake City. LIT 04420	Disputed	
Salt Lake City UT 84130 City State ZIP Code	Turns of NONDRIORITY unaccounted alaims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community deb	ot Credit Card	
Is the claim subject to offset?		
☑ No		
Yes		
4.4		
		\$800.00
Check 'n Go of Illinois, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	
524 E Rollins Rd Round Lake	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Round Lake IL 60073	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community deb	Pay Day Loan	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.5		\$1,400.00
CHECK N GO	Last 4 digits of account number	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred?	
ATTN: PAYMENT PROCESSING		
Number Street 100 COMMERCIAL DRIVE	As of the date you file, the claim is: Check all that apply.	
100 COMMENCIAL BRIVE	☐ Contingent ☐ Unliquidated	
	Disputed	
FAIRFIELD OH 45014	<u> </u>	
City State ZIP Code Who incurred the debt? Check one	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community deb		
Is the claim subject to offset?	CAIDAL EVAL	
No No		
Yes		

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Debtor 1 Tonya	Guido Case number (if known)	
First Name Middle N	ame Last Name	
Part 2: Your NONPRIORITY U	Jnsecured Claims Continuation Page	
After listing any entries on this page, nu	mber them sequentially from the	
previous page.		Total claim
4.6		\$330.00
Credit One Bank	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 98872	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
as Vegas NV 8919	3 <u> </u>	
City State ZIP Co Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a communit	ty debt Credit Card	
s the claim subject to offset?		
No Voc		
□ Yes		
4.7		\$8,400.00
DEPARTMENT OF ED/NELNET	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
SUITE 400	Contingent	
	Unliquidated	
AURORA CO 8001	Disputed	
Dity State ZIP Co		
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
□ □ Check if this claim is for a communit	ty debt STUDENT LOAN	
s the claim subject to offset?	OTODERT EGAN	
√ No		
Yes		
4.8		**
	Look A digite of account growth or	\$135.00
DISH NETWORK Nonpriority Creditor's Name	Last 4 digits of account number 4 1 8 8	
PO BOX 94063	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	Disputed	
PALATINE IL 6009 City State ZIP Co	4	
Who incurred the debt? Check one.	Type of North Month Full secured Glaim.	
✓ Debtor 1 only	Student loansObligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
<u> </u>	✓ Other. Specify	
☐ Check if this claim is for a communit	debt Utility	
s the claim subject to offset? ☑ No		
V Yes		

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Debtor 1	Tonya		Guido Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NON	PRIORITY Unsecu	red Claims Continuation Page	
After listin	• •	this page, number the	m sequentially from the	Total claim
4.9				\$90.00
	LEY INTERNAL	MEDICINE	Last 4 digits of account number	
	reditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			☐ Unliquidated ☐ Disputed	
ALGONQ		IL 60102		
City Who incur		State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor		Official offici	Student loans Obligations grising out of a congression agreement or diverse	
	2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
ш	1 and Debtor 2 o	•	Debts to pension or profit-sharing plans, and other similar debts	
ш.	st one of the debto		Other. Specify	
_		or a community debt	Medical Debt	
	m subject to offs	et?		
✓ No ☐ Yes				
4.10				\$204.00
Ginny's I			_ Last 4 digits of account number <u>8 6 3 0</u>	
1112 7th	Creditor's Name Ave		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			☐ Unliquidated ☐ Disputed	
Monroe		WI 53566	=	
City Who incur		State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	2 only		that you did not report as priority claims	
= ,,,,,,,,	1 and Debtor 2 o t one of the debto	•	Debts to pension or profit-sharing plans, and other similar debts	
ш			Other. Specify	
_		or a community debt	Credit Card	
No No	m subject to offs	ert		
Yes				
4.11		_		\$5,600.00
	Suburban Acce Creditor's Name	otance Co.	_ Last 4 digits of account number _ 5 _ 1 _ 1 _ 6	
PO Box 3			When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent ☐ Unliquidated	
D	0		Disputed	
Downers City		IL 60515 State ZIP Code		
-		Check one.	Student loans	
≌	1 only		Obligations arising out of a separation agreement or divorce	
☐ Debtor	· 2 only · 1 and Debtor 2 o	nlv	that you did not report as priority claims	
_	st one of the debto	•	Debts to pension or profit-sharing plans, and other similar debts	
_		or a community debt		
_	m subject to offs		Cal loan/MEI COCEOION	
✓ No	, , , , , , , , , , , , , , , , , , , ,			
⊟ Yes				

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Debtor 1 Tonya	Guido Case number (if known)	
First Name Middl	e Name Last Name	
Part 2: Your NONPRIORIT	Y Unsecured Claims Continuation Page	
After listing any entries on this page, previous page.	number them sequentially from the	Total claim
4.12		\$350.00
IGS ENERGY	Last 4 digits of account number	
Nonpriority Creditor's Name NEED ADD	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
City State ZIP Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anot Check if this claim is for a commuls the claim subject to offset? No Yes	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
4.13		\$567.00
Kohl's	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 3115	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Disputed	
	Code Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Type of North Month Langecarea claim.	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	ther Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a commu	W Culci. Opcomy	
Ls the claim subject to offset?		
☑ No		
☐ Yes		
4.14		\$175.00
LAKES DISPOSAL SERVICES	Last 4 digits of account number 8 9 1 7	Ψ173.00
Nonpriority Creditor's Name	When was the debt incurred?	
PO BOX 296 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
FOX LAKE IL 60	Disputed	
City State ZIP	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ✓ Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only At least one of the debtors and anot	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a commu	unity debt UTILITY	
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 I onya	Case number (if known)	
First Name Middle Name	Last Name	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After lighting any entries on this page, number the	m coquentially from the	
After listing any entries on this page, number the previous page.	in sequentially from the	Total claim
previous page.		
4.15		\$500.00
Moraine Emergency Physicians	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 8759 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
Dhiladalahia DA 40404	Disputed	
Philadelphia PA 19101 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a congration agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Medical	
Is the claim subject to offset?	modical	
No		
Yes		
4.16		\$250.00
Nicor Gas	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
Attention: Bankruptcy		
Number Street	As of the date you file, the claim is: Check all that apply.	
Department, 1844 Ferry Road	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Naperville IL 60563	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	UTILITY	
Is the claim subject to offset?		
☑ No		
Yes		
4.17		\$1,300.00
NORTHWESTERN MEDICINE	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
	— ☐ Disputed	
LAKE FOREST IL 60045		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	✓ Other. Specify	
Check if this claim is for a community debt	Medical Debt	
Is the claim subject to offset?		
No Voc		
Yes		

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Debtor 1 I Onya	Case number (if known)	
First Name Middle Name	Last Name	
Y NONDRIGHT WIL		
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the	m sequentially from the	Total claim
previous page.		Total Claim
4.18		\$0.00
Portfolio Recovery	Last 4 digits of account number	
Nonpriority Creditor's Name 120 Corporate Blvd., Ste. 1	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	□ Disputed	
Norfolk VA 23502 City State ZIP Code		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	✓ Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?	Collecting for -WEBBANK	
No		
Yes		
440		
4.19		\$161.00
Quest Diagnostics Nonpriority Creditor's Name	Last 4 digits of account number	
PO Box 7306	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
Halliston MO CECTO 7004	Disputed	
Hollister MO 65673-7304 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify medical	
Is the claim subject to offset?		
☑ No		
Yes		
4.20		\$1,700.00
Sprint	Last 4 digits of account number	Ψ1,700.00
Nonpriority Creditor's Name	When was the debt incurred?	
P.O.Box 600760 Number Street	As of the date you file, the claim is: Check all that apply.	
- Stock	_ ☐ Contingent	
	Unliquidated	
Jacksonville FL 32260-0670	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Utility	
Is the claim subject to offset?		
☑ No ☐ Yes		
⊔		

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Debtor 1 Tonya	Guido Case number (if known)	
First Name Middle Name	Last Name	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
	<u> </u>	
After listing any entries on this page, number the	m sequentially from the	Total claim
previous page.		
4.21		\$2,300.00
TMOBILE FINANCIAL Nonpriority Creditor's Name	Last 4 digits of account number6658	
PO BOX 629025	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	Disputed	
EL DORADO HILLS CA 95762 City State ZIP Code	Time of NONDRIORITY was a sound also in a	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	☑ Other. Specify	
Is the claim subject to offset?	CELL PHONE	
✓ No		
Yes		
4.22		\$2,100.00
UNITED HOSPITAL SYSTEM INC Nonpriority Creditor's Name	Last 4 digits of account number	
3556 7th Avenue	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	— ☐ Disputed	
KENOSHA WI 53140 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify	
Is the claim subject to offset?	Medical Debt	
✓ No		
Yes		
400		
4.23		\$174.40
VIREO EMERGENCY PHYSICIANS Nonpriority Creditor's Name	Last 4 digits of account number	
PO BOX 38031	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	Disputed	
PHILADELPHIA PA 19101 City State ZIP Code	Tune of NONDRIGHTY	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
	Medical Debt	
Is the claim subject to offset? ☑ No		
Ves Yes		

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Debtor 1	Tonya		Guido	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NON	PRIORITY Unsecu	red Claims Conti	nuation Page	
After listin	• •	this page, number the	em sequentially from the	3	Total claim
4.24	EDICAL CENTE	Ð	Last 4 digits of acco	unt number	\$2,300.00
Nonpriority C	Creditor's Name	IX.	When was the debt i		
Number	SS OFFICE Street		As of the date you fil	le, the claim is: Check all that apply.	
SUITE 22	6 2ND FLOOR		Contingent		
2645 WA	SHINGTON STR	REET	Unliquidated Disputed		
WAUKE		L 60085			
Debtor Debtor Debtor Debtor At leas	rred the debt? (r 1 only r 2 only r 1 and Debtor 2 or st one of the debto	rs and another or a community debt	that you did not re	TY unsecured claim: g out of a separation agreement or divorce eport as priority claims or profit-sharing plans, and other similar debts	
✓ No ☐ Yes					
4.25					\$220.00
	K/FINGERHUT		Last 4 digits of acco	unt number	
	Creditor's Name GEWOOD ROAL	D	When was the debt i	ncurred?	
Number	Street		Contingent Unliquidated	le, the claim is: Check all that apply.	
SAINT CI	LOUD I	MN 56303	Disputed		
Debtor Debtor Debtor At leas Check	rred the debt? (r 1 only r 2 only r 1 and Debtor 2 or st one of the debto	rs and another or a community debt	that you did not re	TY unsecured claim: g out of a separation agreement or divorce eport as priority claims or profit-sharing plans, and other similar debts	

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Debtor 1	Tonya First Name	Middle Name	Guido Case number (if known)
Part 3:	_		bout a Debt That You Already Listed
For e credi debts	example, if a collection itor in Parts 1 or 2, the	agency is trying n list the collection ts 1 or 2, list the	notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. g to collect from you for a debt you owe to someone else, list the original ion agency here. Similarly, if you have more than one creditor for any of the additional creditors here. If you do not have additional parties to be notified for submit this page.
AFNI			On which entry in Part 1 or Part 2 did you list the original creditor?
Name 404 Broo	ck Dr.		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number PO Box :	Street		Collecting for -SPRINT Part 2: Creditors with Nonpriority Unsecured Claims
PO BOX	3091		<u> </u>
			Last 4 digits of account number
Bloomin City	gton IL State	61702-3097 e ZIP Code	<u>7</u>
	. Adler & Associates	s	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 25 E. W a	shington, Ste 500		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		Attorney for -CREDIT Part 2: Creditors with Nonpriority Unsecured Claims CONTROL
Chicago City	IL Stat	60606 e ZIP Code	Last 4 digits of account number 1 9 5 8
	Services		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 1733 Wa	shington Street, Sui	te 201	Line of (Check one):
Number	Street		Collecting for -FOX VALLEY MEDICINE Part 2: Creditors with Nonpriority Unsecured Claims
	an IL	60085	Last 4 digits of account number

City

ZIP Code

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Guido Debtor 1 Tonya Case number (if known) First Name Middle Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page **ENHANCED RECOVERY SERVICES** On which entry in Part 1 or Part 2 did you list the original creditor? PO BOX 57547 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number **Collecting for -ATT** Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number **JACKSONVILLE** FL 32241 ZIP Code **ERC** On which entry in Part 1 or Part 2 did you list the original creditor? PO BOX 23870 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street **Collecting for -ATT** Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number **JACKSONVILLE** FL 32241 State ZIP Code Lake Forest Hospital On which entry in Part 1 or Part 2 did you list the original creditor? 75 Remittance Drive Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Medical Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Chicago IL 60675 On which entry in Part 1 or Part 2 did you list the original creditor? Lake Forest Hospital 660 N. Westmoreland Rd. of (Check one): Part 1: Creditors with Priority Unsecured Claims Line Medical Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 60045 Lake Forest IL State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? **NORTHWESTERN MEDICINE** Part 1: Creditors with Priority Unsecured Claims 28155 NETWORK PLACE of (Check one): Number Street **Medical Debt** Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number **CHICAGO** IL 60673 State ZIP Code **OLIVER ADJUSTMENT CO** On which entry in Part 1 or Part 2 did you list the original creditor? 3416 ROOSEVELT RD of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street **Collecting for -UNITED** Part 2: Creditors with Nonpriority Unsecured Claims **HOSPITAL SYSTEM**

KENOSHA

WI

State

53142

ZIP Code

Last 4 digits of account number

8 4 8 1

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Guido Debtor 1 Tonya Case number (if known) First Name Middle Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page On which entry in Part 1 or Part 2 did you list the original creditor? **OLIVER ADJUSTMENT CO** 3416 ROOSEVELT RD of (Check one): Part 1: Creditors with Priority Unsecured Claims Number **Collecting for -UNITED** Part 2: Creditors with Nonpriority Unsecured Claims **HOSPITAL SYSTEMS** Last 4 digits of account number **KENOSHA** WI 53142 ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? PHILLIP KISS 5250 Grand Avenue Suite 14-408 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Attorney for -BILL AND Part 2: Creditors with Nonpriority Unsecured Claims SHIRLEY HARDE Last 4 digits of account number 6 6 1 3 **GURNEE** IL 60031 State ZIP Code **QUALIA COLLECTION SERVICES** On which entry in Part 1 or Part 2 did you list the original creditor? PO BOX 4699 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Collecting for -KOHLS Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 0 1 9 7 CA 94955 **PETALUMA** ZIP Code **RECOVERY ONE** On which entry in Part 1 or Part 2 did you list the original creditor? 3240 W HENDERSON RD. of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Collecting for -IGS Part 2: Creditors with Nonpriority Unsecured Claims **ENERGY** Last 4 digits of account number **COLUMBUS** OH 43220 ZIP Code State On which entry in Part 1 or Part 2 did you list the original creditor? TRANSWORLD SYSTEMS **150 CROSSPOINT PARKWAY** Part 1: Creditors with Priority Unsecured Claims of (Check one): Number Street Collecting for -VIREO Part 2: Creditors with Nonpriority Unsecured Claims **EMERGENCY SYSTEMS** Last 4 digits of account number

GETZVILLE

NY

State

14068

ZIP Code

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Debtor 1	Tonya		Guido	Case number (if known)	
	First Name	Middle Name	Last Name		

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Add the Amounts for Each Type of Unsecured Claim

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. _	+ \$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. .	\$34,756.40
	6j.	Total. Add lines 6f through 6i.	6j.	\$34,756.40

Part 4:

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	Fill in this inf	ormation to	identify your case:			
[Debtor 1	Tonya		Guido		
		First Name	Middle Name	Last Name	_	
	Debtor 2				_	
((Spouse, if filing)	First Name	Middle Name	Last Name		
ι	Jnited States Bar	nkruptcy Court f	or the: NORTHERN D	ISTRICT OF ILLINOIS	_	
۱,	Case number					
((if known)				Check if this is an amended filing	
_		1000				
<u>U</u>	official Form	106G				
S	chedule G:	Executor	y Contracts and	d Unexpired Leas	es 1	12/15
СС	orrect informatio	n. If more space	ce is needed, copy the		er, both are equally responsible for supplying number the entries, and attach it to this page.	
1.	Do you have	any executory	contracts or unexpired	leases?		
	▼ No. Che	ck this box and	file this form with the cou	urt with your other schedules	s. You have nothing else to report on this form.	
	Yes. Fill	in all of the info	rmation below even if the	e contracts or leases are list	ted on Schedule A/B: Property (Official Form 106A/B).	
2.	is for (for exa	•	icle lease, cell phone).	•	r lease. Then state what each contract or lease s form in the instruction booklet for more examples of	

State what the contract or lease is for

Person or company with whom you have the contract or lease

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				_	
Fill in this in	formation to id	dentify your case	:		
Debtor 1	Tonya		Guido		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	
(Spouse, ii iiiiig)) Filst Name	Middle Name	Lastivanie		
United States Ba	ankruptcy Court for	the: NORTHERN D	ISTRICT OF ILLINOIS	_	
Case number				☐ Check if this is an	
(if known)				amended filing	
				—	
Official Form	n 106H				
	: Your Code	htoro			12
Scriedule n	. Tour Coue	ะมเบเจ			12
page. On the top		l Pages, write your n		n the left. Attach the Additional Page to this own). Answer every question. use as a codebtor.)	
	• •			ry? (Community property states and territories exas, Washington, and Wisconsin.)	
<u> </u>	to line 3.				
☐ Yes. Did	a your spouse, tori	ner spouse, or legal e	quivalent live with you at the t	ime?	
☐ Yes	S				
	•		•	otor if your spouse is filing with you. List the	
creditor on \$	S <i>chedule D</i> (Offic	•	edule E/F (Official Form 106E	or cosigner. Make sure you have listed the E/F), or <i>Schedule G</i> (Official Form 106G). Use	

Column 1: Your codebtor Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill	l in this inforn	nation to identi	y your case:					
De	ebtor 1	Tonya		Guido				
		First Name	Middle Name	Last Name			Che	eck if this is:
	ebtor 2	First Name	Middle Nosse	L ant Name			$ _{\Box}$	An amended filing
	Spouse, if filing)	First Name	Middle Name	Last Name				A supplement showing postpetition
		ruptcy Court for the:	NORTHERN	DISTRICT OF IL	LINC)15	"	chapter 13 income as of the following date
l	ase number known)				_			MM / DD / YYYY
Offi	cial Form 10)6I						WWW, 557 TTT
Sch	nedule I: Yo	ur Income						12/1
respo inclu abou your	onsible for suppl de information a t your spouse. If name and case r	ying correct inforn bout your spouse.	nation. If you ard If you are separ eded, attach a se Answer every o	e married and not rated and your spo eparate sheet to th	filing ouse	jointly, and s not filing	l your with y	d Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write
	Fill in your emplo	pyment		Dobtor 1				Debter 2 or non filing angues
I	If you have more t			Debtor 1				Debtor 2 or non-filing spouse
•	job, attach a sepa with information al	. ato page .	oyment status	✓ Employed Not employ	ed			☐ Employed☐ Not employed
	additional employe	ers.	pation		-			
	Include part-time,		pation					_
	or self-employed v		oyer's name					_
;	Occupation may in student or homem applies.		oyer's address	Number Street				Number Street
				City		State Zip 0	Code	City State Zip Code
		How	ong employed t	here?				
								
Pa	rt 2: Give D	Details About M	onthly Incom	ie				
		ome as of the date s you are separated		m. If you have noth	ing to	report for a	ny line	e, write \$0 in the space. Include your
-		spouse have more attach a separate sl		er, combine the inf	ormat	ion for all er	nploye	rs for that person on the lines below. If
						For Debto	r 1	For Debtor 2 or non-filing spouse
1		ss wages, salary, a			2.		0.00	
3.	Estimate and list	monthly overtime	pay.		3.	+	0.00	
4. (Calculate gross i	ncome. Add line 2	+ line 3.		4.	9	\$0.00	

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Debt	or 1	Tonya		Guido		Case no	umbei	(if know	n)		
		First Name	Middle Name	Last Name	I	For Debtor 1		or Debto on-filing			
	Сор	y line 4 here			4.	\$0.00					
5.	List	all payroll ded	ductions:								
	5a.	Tax, Medicare	e, and Social Security de	ductions	5a.	\$0.00					
		-	ontributions for retiremen	•	5b.	\$0.00					
		-	ntributions for retirement	•	5c.	\$0.00					
	_		ayments of retirement fu	nd loans	5d.	\$0.00					
		Insurance			5e.	\$0.00					
	5f.	-	pport obligations		5f.	\$0.00					
	•	Union dues Other deducti	iana		5g.	\$0.00					
		Specify:			5h. +	\$0.00					
	Add 5g +		eductions. Add lines 5a	+ 5b + 5c + 5d + 5e + 5f +	6.	\$0.00					
7.	Calc	culate total mo	nthly take-home pay.	Subtract line 6 from line 4.	7.	\$0.00					
8.	List	all other incor	me regularly received:								
	8a.		om rental property and for formal for the formal for farm	rom operating a	8a.	\$0.00					
		gross receipts	ment for each property and , ordinary and necessary b hly net income.	· ·							
	8b.	Interest and d	dividends		8b.	\$0.00					
	8c.		ort payments that you, a i	non-filing spouse, or a	8c.	\$969.00					
			ny, spousal support, child sment, and property settlem								
	8d.	Unemployme	nt compensation		8d.	\$0.00					
		Social Securi	•		8e.	\$0.00					
	8f.	Include cash a cash assistant	ment assistance that you assistance and the value (ince that you receive, such astronomental Nutritionsidies.	if known) or any non- as food stamps							
		Specify:			8f.	\$391.00					
	8g.	Pension or re	tirement income		8g.	\$0.00					
	8h.	Other monthly	y income.								
		Specify:			8h. +	\$0.00					
9.	Add	all other inco	me. Add lines 8a + 8b + 8	3c + 8d + 8e + 8f + 8g + 8h.	9.	\$1,360.00					
		,	r income. Add line 7 + lin	e 9. bbtor 2 or non-filing spouse.	10.	\$1,360.00]+[]=	\$1,36	60.00
11.	Stat Inclu	e all other regi	ular contributions to the	expenses that you list in S ner, members of your househ			our roo	ommates	, and othe	ır	
	Do r	not include any	amounts already included	in lines 2-10 or amounts tha	t are no	ot available to pay	expe	nses liste	ed in Sche	edule J.	
	Spe	cify:							11.		\$0.00
				10 to the amount in line 11. of Your Assets and Liabilities					12.		60.00
		applies.		thin the course of the course	L:_ *:	0				Combined monthly in	
13.	_ `	· · · · · · · · · · · · · · · · · · ·		thin the year after you file the			4 15 14	-1			alal tra
	\square	No. Yes. Explain:	\$411 per week	w, has not receiveced u	nempl	oyment yet, bu	ıt IT İt	aoes g	et appro	vea it shoi	na pe

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F	ill in this inforn	nation to identi	fy your case:			Cha	ok if this	, ic.	
	Debtor 1	Tonya		Guido			ck if this An ame	ended filing	
		First Name	Middle Name	Last Na	me			lement showing	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	me			r 13 expenses a ng date:	s or the
	United States Bank	ruptcy Court for the	: NORTHERN DI	STRICT OF	ILLINOIS		MM / D	D / YYYY	
	Case number		-				IVIIVI / D	D/1111	
Ļ	(if known)								
_	fficial Form 10								
S	chedule J: Yo	our Expense	S						12/1
nai	rrect information. I	f more space is no	eeded, attach anoth wer every question	er sheet to t	ing together, both ar his form. On the top	-			
1.	Is this a joint cas		siloiu						
2.	✓ No. Go to lir ✓ Yes. Does I ✓ No	ne 2. Debtor 2 live in a s s. Debtor 2 must fi endents?	No Yes. Fill out this in	-2, Expenses	s for Separate Housel Dependent's relati Debtor 1 or Debtor	onshi		2. Dependent's age	Does dependen live with you?
	Debtor 2.	ranu —	for each dependent	t	Deptor 1 or Deptor	2		age	_ <u>live with you?</u> ☐ No
	Do not state the d names.	ependents'							Yes No Yes No Yes No Yes No No Yes No Yes No Yes
3.	Do your expense expenses of peo yourself and you	ple other than	✓ No ☐ Yes						
F	art 2: Estima	ate Your Ongoi	ing Monthly Exp	enses					
Est to i the	timate your expens report expenses as form and fill in the lude expenses pai	ses as of your banks of a date after the applicable date.	kruptcy filing date u	Inless you a I. If this is a				the box at the t	op of
					ыаі ГОПП 1001.)			Your expens	
4.			enses for your residence any rent for the grou				4	4	\$800.00
	If not included in	line 4:							
	4a. Real estate t	axes					4	4a	
	4b. Property, hor	meowner's, or rente	r's insurance				4	4b	
	4c. Home mainte	enance, repair, and	upkeep expenses				4	4c	
	4d Homooyeoorl	e accociation or cor	dominium duos					1d	

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Case number (if known) _

Guido

	First Name Middle Name Last Name		
		Your expen	ses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	
	6b. Water, sewer, garbage collection	6b.	
	6c. Telephone, cell phone, Internet, satellite, and	6c.	
	cable services	6d.	
7.	6d. Other. Specify: Food and housekeeping supplies	^{0d.} 7.	\$500.00
۲. 8.	Childcare and children's education costs	8.	\$500.00
9.	Clothing, laundry, and dry cleaning		
	Personal care products and services	10.	
	Medical and dental expenses	11	
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12	
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14.	
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance		
	15c. Vehicle insurance	15c	
	15d. Other insurance. Specify:	15d	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you. Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	
	20b. Real estate taxes	20b	
	20c. Property, homeowner's, or renter's insurance	20c	
	20d. Maintenance, repair, and upkeep expenses	20d	
	20e. Homeowner's association or condominium dues	20e.	

Debtor 1 **Tonya**

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Deb	otor 1	Tonya		Guido	Case number (if kno	own)		
		First Name	Middle Name	Last Name		,		
21.	Othe	er. Specify:			21.	+		
22.	Calc	culate your monthly e	xpenses.					
	22a.	Add lines 4 through	21.		22a.	\$1,300.00		
	22b.	Copy line 22 (month	ly expenses for Debto	or 2), if any, from Official Form 106	6J-2. 22b.			
	22c.	Add line 22a and 22	b. The result is your	monthly expenses.	22c.	\$1,300.00		
23.	Calc	culate your monthly n	et income.					
	23a.	Copy line 12 (your c	ombined monthly inco	ome) from Schedule I.	23a.	\$1,360.00		
	23b.	Copy your monthly e	expenses from line 22	c above.	23b.	- \$1,300.00		
	23c. Subtract your monthly expenses from your The result is your monthly net income.			r monthly income.	23c.	\$60.00		
24.	Do you expect an increase or decrease in your expenses within the year after you file this form?							
				our car loan within the year or do nodification to the terms of your m				
		No. Yes. Explain here:						
	Ц	None.						

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Fill in this in	formation to i	dentify your case	:	
Debtor 1	Tonya		Guido	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing) First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLING	ois
Case number				
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$2,810.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$2,810.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$34,756.40
	Your total liabilities	\$34,756.40
Р	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$1,360.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$1,300.00

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					•				
Debto	or 1	Tonya		Guido	Case number	er (if known)			
		First Name	Middle Name	Last Name					
Pa	rt 4	Answer Ti	hese Questions fo	r Administrative a	and Statistical Recor	ds			
3 . ,	Are	you filing for banl	kruptcy under Chapter	s 7, 11, or 13?					
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes								
7.	Wha	t kind of debt do	you have?						
Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.							a personal,		
			ot primarily consumer urt with your other sche		ning to report on this part of	the form. Check this	box and submit		
			of Your Current Monthline 11; OR, Form 122B	•	total current monthly incom 2C-1 Line 14.	e from	\$3,356.40		
) . (Сор	y the following sp	ecial categories of cla	ims from Part 4, line	6 of Schedule E/F:				
						Total claim			
I	Fror	n Part 4 on Sched	dule E/F, copy the follo	wing:					
!	9a.	Domestic support	obligations. (Copy line	6a.)		\$0.0	<u>0</u>		
,	9b.	Taxes and certain	other debts you owe the	e government. (Copy	line 6b.)	\$0.0	<u>0</u>		

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

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Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Tonya		Guido	
	First Name	Middle Name	Last Name	
Debtor 2	First Name	Middle Mana	LastName	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	r the: NORTHERN D	ISTRICT OF ILLINOIS	
Case number				Chack if this is an
(if known)				☐ Check if this is an amended filing
Official Farms	40CD			
Official Form	_			
Declaration	About an I	ndividual Debt	or's Schedules	12/15
Sig	ın Below			
Did you pay o	or agree to pay s	someone who is NOT	an attorney to help you f	ill out bankruptcy forms?
√ No				
☐ Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice,
_				Declaration, and Signature (Official Form 119).
Under penalt true and corr		eclare that I have read	the summary and sched	lules filed with this declaration and that they are
X /s/ Tonya	ı Guido		X	

Signature of Debtor 2

MM / DD / YYYY

Date

Tonya Guido, Debtor 1

Date 05/20/2016

MM / DD / YYYY

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I	II in this inf	ormation to i	identify your case:			
De	ebtor 1	Tonya		Guido		
		First Name	Middle Name	Last Name		
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name	_	
Ur	nited States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS	_	
	ase number known)				☐ Check if this is an amended filing	
Of	ficial Form	107				
Sta	atement o	 f Financia	Affairs for Ind	ividuals Filing for	Bankruptcv	04/16
cori you	rect informatio r name and ca	on. If more spaces	ce is needed, attach a s nown). Answer every	separate sheet to this form	er, both are equally responsible for supplying n. On the top of any additional pages, write Lived Before	
1.	What is your ☐ Married ☑ Not marrie	current marital	status?			
2.	☑ No			ther than where you live n		
3.	(Community p		•		a community property state or territory? isiana, Nevada, New Mexico, Puerto Rico, Texas,	
	✓ No ☐ Yes. Mak	e sure you fill ou	ut Schedule H: Your Cod	debtors (Official Form 106H).	
P	art 2: Exp	plain the Sou	irces of Your Inco	me		
4.	Fill in the total	amount of incor	me you received from al	n operating a business du I jobs and all businesses, in you receive together, list it	0.	?
	✓ No ☐ Yes. Fill i	n the details.				

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Debtor			Guido	Case nui	mber (if known)	
	First Name	Middle Name	Last Name			
In ur ar D	iclude income regardle nemployment; and other of gambling and lotter ebtor 1. Ist each source and the lotter of t	ess of whether that is er public benefit pay y winnings. If you are gross income from	n this year or the two pre- income is taxable. Exampyments; pensions; rental are in a joint case and you meach source separately	ples of other income are income; interest; dividen I have income that you re	ds; money collected from eceived together, list it or	n lawsuits; royalties;
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
From .	January 1 of the curre	ent vear until	Links	\$390.00		
	te you filed for bankr	-				
	e last calendar year: ary 1 to December 31,	2015)				
	e calendar year befor ary 1 to December 31,					
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
From .	January 1 of the curre	ent year until	INcome	\$9,800.00		
	te you filed for bankr	-			-	
	e last calendar year: ary 1 to December 31,	2015)	Income	\$28,820.00		
	e calendar year befor	e that:	Income	\$25,000.00		

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Deb	tor 1	Гопуа		Guido	Cas	e number (if knowr	າ)			
	F	First Name	Middle Name	Last Name						
				Debtor 1		Debtor 2				
				Sources of income Describe below.	Gross income from each sour (before deduction and exclusions			Gross income from each source (before deductions and exclusions		
		y 1 of the cur filed for bank	rent year until cruptcy:	Child Support	\$3,840	0.00				
		alendar year : December 31,		Child Support	\$4,428	3.00				
	For the calendar year before that: (January 1 to December 31, 2014) YYYY			Child Support	\$4,428	3.00				
Pa	art 3:	List Certa	in Payments Yo	ou Made Before \	ou Filed for Bank	ruptcy				
6.	Are eithe	er Debtor 1's	or Debtor 2's debts	primarily consume	debts?					
	□ No.			•	mer debts. Consumer nily, or household purpo		in 11 U.S.C. § 1	101(8) as		
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?								
		☐ No. Go	to line 7.							
		tot	al amount you paid	that creditor. Do not i	total of \$6,425* or more nclude payments for do ude payments to an atto	mestic support obli	igations, such a			
		* Subject to	adjustment on 4/01	/19 and every 3 years	after that for cases filed	d on or after the da	te of adjustmen	nt.		
	✓ Yes.	Debtor 1 or	Debtor 2 or both h	nave primarily consu	mer debts.					
		During the 9	90 days before you f	iled for bankruptcy, di	d you pay any creditor a	total of \$600 or m	ore?			
		☐ No. Go	to line 7.							
		cre	editor. Do not includ	le payments for dome	total of \$600 or more an stic support obligations, of for this bankruptcy cas	such as child supp		y.		
				Dates of payment		Amount you still owe	Was this payr	ment for		
Ren				Monthly	\$2,400.00					
Cred	itor's name						Car	_1		
Num	ber Stree	et					☐ Credit care ☐ Loan repa			
							_	or vendors		
							☑ Other			
City			State ZIP Cod	e				<u> </u>		

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Deb	tor 1	Tonya First Name	Middle Name	Guido Last Name	Case number (if	known)	
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations						
	☑ No	s child support and	·				
8.		า 1 year before you ited an insider?	ı filed for bankruptcy,	did you make any paym	nents or transfer any prop	perty on accoun	t of a debt that
	Include	e payments on deb	ts guaranteed or cosigr	ned by an insider.			
	✓ No		ts that benefited an insi	der.			
		_					
Pa	art 4:	Identify Leg	al Actions, Repos	sessions, and Fore	closures		
9.	List all		uding personal injury ca		lawsuit, court action, or divorces, collection suits,		•
	□ No ✓ Ye	oes. Fill in the details	s.				
	e title		Nature of the		Court or agency		Status of the case
		ntrol, LLC Assig Vledical v Tonya		ns	Lake County Court Name		Pending
Gui		, ,			Newskar Office		On appeal
Cas	e numb	er 16 SC 1958			Number Street		☐ Concluded
							
					City	State ZIP C	Code
10.	seized	l, or levied?	ifiled for bankruptcy,	was any of your proper	ty repossessed, foreclos	ed, garnished, a	attached,
	_	o. Go to line 11. es. Fill in the inform	nation below.				
				Describe the propert	•	Date	Value of the property
	ater S	uburban Accept	ance Co.	2005 Chevt Equino for \$2000.	ox, Car sold at aution	3/2016	\$2,000.00
	Box 3			+			
Num		treet		Explain what happer			
				Property was report Property was fore			
Dov	wners	Grove	IL 60515	Property was garr			
City	11613	OI OVE	State ZIP Code		ched, seized, or levied.		

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Deb	tor 1	Tonya		Guido	Case number (if I	known)	
4.4	March 1	First Name	Middle Name	Last Name			
11.		-		uptcy, did any creditor, inc o make a payment because	cluding a bank or financial in you owed a debt?	istitution, set off an	у
	✓ No ☐ Yes	. Fill in the details					
12.				ptcy, was any of your prop sustodian, or another offici	erty in the possession of an al?	assignee for the be	enefit of
	✓ No ☐ Yes						
P	art 5:	List Certain	Gifts and Co	ntributions			
13.	Within 2	2 years before yo	u filed for bankr	uptcy, did you give any gif	ts with a total value of more	than \$600 per perso	on?
	✓ No ☐ Yes	. Fill in the details	for each gift.				
14.	Within 2 to any o	-	u filed for bankr	uptcy, did you give any gif	ts or contributions with a to	tal value of more tha	an \$600
	✓ No ☐ Yes	. Fill in the details	for each gift or o	ontribution.			
P	art 6:	List Certain	Losses				
15.		l year before you saster, or gambli		ptcy or since you filed for	bankruptcy, did you lose an	ything because of th	neft, fire,
	✓ No ☐ Yes	. Fill in the details					
Pa	art 7:	List Certain	Payments or	Transfers			
16.				ptcy, did you or anyone els nkruptcy or preparing a ba	se acting on your behalf pay nkruptcy petition?	or transfer any pro	perty to
	Include	any attorneys, ban	kruptcy petition p	preparers, or credit counseling	ng agencies for services requi	red for your bankrupt	cy.
	□ No ✓ Yes	. Fill in the details					
	oert J. A			Description and value of	any property transferred	Date payment or transfer was made	Amount of payment
901 Num		kson, Suite 202 eet		-		05/19/2016	\$400.00
	cago	IL	60603	-			-
City		State	ZIP Code				
Ema	il or websit	e address		-			
Pers	on Who M	ade the Payment, if N	ot You	-			

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Deb	tor 1	Tonya First Name	Middle Name	Guido Last Name	Case number (if known)	_
17.		l year before you fi	led for bankruptcy	, did you or anyone e	else acting on your behalf pay or transfer any property to nake payments to your creditors?	
	☑ No	nclude any payment . Fill in the details.	or transfer that you	listed on line 16.		
18.	Within 2	2 years before you	•	y, did you sell, trade, If your business or fir	, or otherwise transfer any property to anyone, other than nancial affairs?	
		·		de as security (such as already listed on this s	is granting of a security interest or mortgage on your property). statement.	
	✓ No ☐ Yes	. Fill in the details.				
19.	you are		•	cy, did you transfer a ed asset-protection de	any property to a self-settled trust or similar device of which evices.)	
	✓ No ☐ Yes	. Fill in the details.				
Pa	art 8:	List Certain F	inancial Accou	nts, Instruments,	Safe Deposit Boxes, and Storage Units	_
20.		year before you fi closed, sold, move		, were any financial a	accounts or instruments held in your name, or for your	
		0. 0.	•	her financial accounts; ons, and other financia	; certificates of deposit; shares in banks, credit unions, brokerage al institutions.	
	✓ No ☐ Yes	. Fill in the details.				
21.	-	now have, or did y ırities, cash, or oth	-	ear before you filed fo	or bankruptcy, any safe deposit box or other depository	
	✓ No ☐ Yes	. Fill in the details.				
22.	☑ No		in a storage unit o	r place other than you	ur home within 1 year before you filed for bankruptcy?	
		. Fill in the details.				
Pa	art 9:	Identify Prope	erty You Hold o	r Control for Som	neone Else	_
23.	-	hold or control any in trust for someor		neone else owns? Ind	clude any property you borrowed from, are storing for,	
	✓ No ☐ Yes	. Fill in the details.				

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Deb	otor 1	Tonya		Guido	Case number (if known)		
		First Name	Middle Name	Last Name			
P	art 10:	Give Detai	Is About Envir	onmental Information			
or	the purp	pose of Part 10,	the following defi	nitions apply:			
- 1	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.						
		-		erty as defined under any er e it, including disposal sites	nvironmental law, whether you now own, operate, or s.	r	
				nvironmental law defines as contaminant, or similar itel	s a hazardous waste, hazardous substance, toxic m.		
Rep	oort all n	otices, releases	s, and proceedings	s that you know about, rega	ardless of when they occurred.		
24.	Has an	y governmenta	I unit notified you	that you may be liable or po	otentially liable under or in violation of an environme	ental	
	✓ No	s. Fill in the deta	ails.				
25.	☑ No	ou notified any		t of any release of hazardoເ	us material?		
26.	Have you		in any judicial or	administrative proceeding	under any environmental law? Include settlements	and	
	✓ No	s. Fill in the deta	ails.				
Р	art 11:	Give Detai	Is About Your	Business or Connection	ons to Any Business		
27.	Within busine	-	you filed for bankr	ruptcy, did you own a busin	ness or have any of the following connections to any	1	
		A member of a A partner in a An officer, dire	a limited liability cor partnership ector, or managing e	d in a trade, profession, or oth npany (LLC) or limited liability executive of a corporation ting or equity securities of a c			
			oove applies. Go to apply above and fi	Part 12.	h business.		
28.		-	you filed for bankr s, creditors, or oth		cial statement to anyone about your business? Incl	ude	
	□ No □ Yes	s. Fill in the deta	ails below.				

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Debtor 1	Tonya		Guido	Case number (if known)
	First Name	Middle Name	Last Name	
Part 12	Sign Belov	V		
that answe	ers are true and only fraud in conne	orrect. I understand the	nat making a false state	tachments, and I declare under penalty of perjury ment, concealing property, or obtaining money or se up to \$250,000, or imprisonment for up to 20 years,
X /s/ Ton	nya Guido		X	tor 2
Tonya (Guido, Debtor 1		Signature of Deb	tor 2
Date _	05/20/2016		Date	
Did you at	tach additional p	ages to Your Statemen	t of Financial Affairs for	r Individuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes				
Did you pa	ay or agree to pay	someone who is not	an attorney to help you	fill out bankruptcy forms?
☑ No				
_	Name of person _			Attach the Bankruptcy Petition Preparer's Notice,
	_	·	·	Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:						
Debtor 1	Tonya First Name	Middle Name	Guido Last Name			
Debtor 2	Filst Name	Middle Name	Last Name			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS						
Case number Ch						
(if known)						

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

 For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

None.

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Tonya Guido	X
Tonya Guido, Debtor 1	Signature of Debtor 2
Date 05/20/2016	Date
MM / DD / YYYY	MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

+	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

 $\frac{\text{http://www.uscourts.gov/bkforms/bankruptcy_forms}}{\text{.html\#procedure.}}$

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

In re	e Tonya Guido	Case No.		
		Chapter	7	
	DISCLOSURE OF COMPENSATION OF	ATTORNEY FOR	DEBTOR	
t s	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify the hat compensation paid to me within one year before the filing of the pervices rendered or to be rendered on behalf of the debtor(s) in conts as follows:	etition in bankruptcy, or	agreed to be paid to me, for	
F	For legal services, I have agreed to accept	\$ <u>\$</u>	1,900.00	
F	Prior to the filing of this statement I have received		\$400.00	
E	Balance Due	\$^	1,500.00	
2. 1	The source of the compensation paid to me was: ☐ Other (specify)			
3. 7	The source of compensation to be paid to me is:			
	☑ Debtor ☐ Other (specify)			
4. [I have not agreed to share the above-disclosed compensation wire associates of my law firm.	th any other person unle	ss they are members and	
[I have agreed to share the above-disclosed compensation with a associates of my law firm. A copy of the agreement, together with compensation, is attached.			
5. l	n return for the above-disclosed fee, I have agreed to render legal se	rvice for all aspects of th	e bankruptcy case, including:	
	 Analysis of the debtor's financial situation, and rendering advice to pankruptcy; 	the debtor in determining	g whether to file a petition in	
b	o. Preparation and filing of any petition, schedules, statements of affa	irs and plan which may b	pe required;	
c	c. Representation of the debtor at the meeting of creditors and confirm	mation hearing, and any	adjourned hearings thereof;	

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B2030 (Form	2030)	((12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/20/2016 Date /s/ Robert J. Adams & Associates

Bar No. 0013056

Robert J. Adams & Associates

Robert J. Adams & Associates 901 W. Jackson, Suite 202

Chicago, IL 60603

Phone: (312) 346-0100 / Fax: (312) 346-6228

/s/ Tonya Guido

Tonya Guido